

SC Budget and Control Board
VEHICLE ACCIDENT REPORT

CALL 9-1-1 for an EMERGENCY for Police, Ambulance and/or Fire, as required.

Call your supervisor and Safety (513-5352 or 513-5354).

Complete the following information and turn into Safety and State Fleet Management.

I.	Date: _____	Time: _____
II.	Location of Accident:	
	County: _____	City: _____ Route No.: _____
III.	You and your State Vehicle	
	Agency Name _____	
	Agency Address: _____	
	Year and Make of Vehicle: _____	License Tag No. and State: _____
	Name: _____	Driver's License No.: _____
	Address: _____	Office Phone: _____
	<hr/> Other Vehicle <hr/>	
	Year and Make: _____	License Tag No. and State: _____
	Name: _____	Driver's License No.: _____
	Address: _____	
	Insurance Company / Policy Number: _____	
IV.	Did the police investigate this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, which police department? _____	
	Was anyone charged with a violation? <input type="checkbox"/> No <input type="checkbox"/> Other Driver <input type="checkbox"/> You	
	If yes, what was the charge? _____	
	If anyone was injured, who was it and what was the nature of the injury? _____ _____	

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V. In your own words, give circumstances of the accident (attach extra page, as required):

Employee Signature:

VI. Supervisor Notification

Name:

Telephone No.

Team:

Estimated Cost of Repair:

Supervisor's Signature:

Return the ORIGINALS of this completed form, the FR-10 Police report, and other information to:

SC BCB OED Safety

1200 Senate Street, Suite B-02
Columbia SC 29201
Fax 803-737-3065

Call immediately to report vehicle accidents and employee injuries to:

BCB Safety:

Holly Bockow (803) 737-2311 / cell 513-5354
Bernie Lee (803) 737-2315 / cell 513-5352

On-line Injury Report (Web Page)

<http://www.bcbintramet.sc.gov/bcbintramet/BCBI-accident-report.phtml>

Fax / Mail (within 24 Hours) to:

SC BCB GSD State Fleet Management

1026 Sumter Street, 2nd Floor
Columbia SC 29201-3746
ATTN: Safety Officer
Fax: 737-1160
WP: 737-1211

QBE Specialty

State Automobile Fleet Claims Program
PO Box 212128
Columbia SC 29202
WP: (800) 206-1913
Fax: (803) 407-5549